



STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
 LIQUOR CONTROL DIVISION
 165 CAPITOL AVE, HARTFORD, CT 06106
 Telephone: (860) 713-6200

APPLICATION FOR TEMPORARY LIQUOR PERMIT

INSTRUCTIONS:

Your application must be type written or printed in ink, signed and **accompanied by a check or money order for the appropriate fee as noted in blocks below**, made payable to: "*Treasurer, State of Connecticut*".

→ Return your completed application and fee to:

Department of Consumer Protection, License Services Division, 165 Capitol Avenue, Hartford, CT 06106

Applications for this permit must be filed with the Department at least 10 days prior to the date of the event

FEES: A **\$10.00** non-refundable filing fee, in addition to the permit fee noted below, must accompany this application

Please indicate permit type for which you are applying: (Check only one box)

<input type="checkbox"/> Special Club \$25.00 per day <small>(Available to club or golf country club liquor permit holders for outdoor picnics)</small>	<input type="checkbox"/> Charitable Organization \$25.00 per day	<input type="checkbox"/> Noncommercial Organization – Alcoholic Beverages (including Beer) \$25.00 per day	<input type="checkbox"/> Noncommercial Organization - Beer Only \$15.00 per day
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TIME & PLACE of EVENT	1. Date of event		2. Rain date		3. Proposed hours of event	
	4. Street Address of event			City/Town		Zip Code
	5. Will event be held indoors or outdoors? (If indoors, complete item 24). [] INDOORS [] OUTDOORS [] BOTH			6. Attach an 8 1/2 x 11 sketch showing the exact locations within the event area where alcoholic beverages will be dispensed and specify the manner by which service of such beverages to minors will be controlled		
PERMITEE APPLICANT of EVENT	7. Applicant's Name: (Last, First, Middle)			8. Date of Birth		9. Phone Number
	10. Home Address (Street Address, City, State, Zip Code)					
	11. Have you <u>ever</u> been convicted of a felony crime? YES [] NO [] If yes - please attach a statement including the date(s) of the conviction(s), the court(s) where the case(s) were disposed of and a description of the circumstances involved.					
	12. Have you previously been a liquor permittee? YES [] NO []			If yes – specify the liquor permit type(s) & number(s)		
	13. Are you a minor or a person who holds a position that would prohibit you from obtaining a liquor permit? YES [] NO [] *(See item #3(a) in instructions for listing of persons who are prohibited from acting as permittee or backer on a liquor permit)					
	14. If applying on behalf of a noncommercial organization – will all of the profits derived from the sale of alcoholic beverages be retained by the organization? YES [] NO [] If no, briefly explain the distribution of profits:					
BACKER ORGANIZATION SPONSORING EVENT	15. As the applicant, I assume responsibility as manager and principal representative of the backer for the event to be held on the premises described in this application. I certify that all information contained in this application is true.			Signed (Applicant) X _____		Date
	16. Name of club/organization that is acting as backer			17. Business address of club/organization (Street, City, Zip)		
	18. Enter State sales tax number of organization			19. If the organization is a charity, enter the Federal tax identification number of the charitable organization: (Or attach a copy of tax identification letter)		
	20. In boxes below provide names(s) of the officer(s) of club/organization that is sponsoring event:					
	Officer #1. Name: (Last, First)			Officer #1 address: (Street, City, Zip)		
	Officer #2. Name: (Last, First)			Officer #2 address: (Street, City, Zip)		
	21. Has the club/organization/officer previously been a backer or owner of an entity with a liquor permit? [] YES [] NO			If yes – specify the liquor permit type(s) & number(s)		
	22. Has the organization appeared as backer on other temporary permit(s) in this calendar year? [] YES [] NO			If yes, specify the number of permits obtained:		
	23. I appoint the applicant named in item #7 above, as my principal representative to be in charge of the premises and the event described in this application.			Signature of authorized backer's representative or officer of club/organization X _____		

CITY/TOWN CERTIFICATION (To be completed by the city/town clerk where event is to be held)	24. Name of city/town:		
	25. I certify that I am acquainted with the zoning ordinances and by-laws of the above-mentioned town and <u>the sale of alcoholic liquor is not prohibited</u> by either the ordinances or by-laws of said city or town at the location and on the dates & times described in items 1 through 5 of this application.		
	Signature of City/Town Clerk X _____		Date signed
LOCAL FIRE MARSHAL'S CERTIFICATION (If event is held indoors or in a tent)	26. This certifies that the premises described in this application complies with the required fire code. Signature of local Fire Marshal (or attach a signed certification to this application) X _____		Date signed
			Rank/Title of Fire Control Official
PRINCIPAL POLICE AUTHORITY APPROVAL (Town in which event is to be held)	Where there is no local police department, this section must be signed by State Police.		
	27. Do you approve of the issuance of this permit? YES [] NO []. If no, please explain.		
	Signature of Police Authority X _____	Rank/Title of Police Authority	Date signed
PERMITTEE APPLICANT'S SUITABILITY (To be completed by police authority in city/town where applicant resides)	28. Has the applicant whose name appears in item #7 of this application <u>been convicted of a felony crime?</u> YES [] NO [] If <u>yes</u> , please attach a statement including the date(s) of the conviction(s), the court(s) where the case(s) were disposed of and a description of the circumstances involved.		
	29. Do you believe the applicant named in item #7 of this application is suitable to be a liquor permittee? YES [] NO [] If <u>no</u> , please attach a statement supporting your reasons for this decision		
	Signature of Police Authority X _____	Rank/Title of Police Authority	Date signed